

Rec_Name_Full
C/O 2321
Rec_Addr_CSZ

September 5, 2024



DEPARTMENT OF ECONOMIC SECURITY
Your Partner For A Stronger Arizona

Katie Hobbs
Governor

Angie Rodgers
Director

RE: CPP_NAME_FULL and NCP_NAME_FULL
AZCARES No.: CAS_ID_CASE

Si usted necesita asistencia con la traducción de este documento, por favor llame a la oficina y pregunte por un representante que hable español.

Case Review Questionnaire

As requested by federal law, your case is being reviewed for an adjustment of the amount of your child support order. It is important that you answer each question completely and truthfully. Your answers could be used in court and will have a very important impact on the outcome of the review. The enclosed instructions will help you answer the questions.

If you do not complete and return this document within ten (10) business days from the date this document was sent to you and you do not contact us, your TANF Cash Assistance or AHCCCS medical benefits may be cut or stopped.

1) Are you employed or do you expect to be employed in the near future?
Yes () No ()

Your job/occupation/professional title: _____

Name and address of current employer:

Date employment began: _____

How often are you paid:

Weekly _____ Every other week _____ Monthly _____ Twice a month _____

Other _____ Explain _____

If you are employed, you must provide copies of your two (2) most recent pay stubs.



2) List any other child(ren) for whom you pay support who does not live with you:

Name	Age	Relationship	Order (Y/N)	Amount (\$)

3) State the name and date of birth of each natural or adopted child who lives with you other than the child(ren) listed above. Do not include stepchildren

Name	Date of Birth	Name	Date of Birth

4) Does the child(ren) in this case have **private healthcare coverage** (not AHCCCS)?
Yes () No ()

If yes, who provides the insurance? _____

Relationship to Child: _____

Provide the following information:

Total Monthly cost

Premium cost to insure you alone \$ _____

Premium cost to insure child(ren) common to the parties \$ _____

List all of the people covered by your dependent coverage: \$ _____

Name of insurance company and Policy/Group Number

5) Is the child(ren) in this case covered by KidsCare-Arizona's Children's Health Insurance Program (CHIP)?
Yes () No ()

Monthly cost \$ _____

6) Do you have any monthly child care costs? Yes () No ()

Explain: _____
(Do not include day care paid by D.E.S.)

7) Parenting time arrangements with the non-custodial parent:

Weekend periods: _____ days Midweek periods: _____ days



Extended periods: _____ days
School breaks: _____ days

Holiday periods: _____ days
Other periods: _____ days

TOTAL: _____ DAYS per YEAR

8) Do you receive payments for your child(ren) from Social Security because the other parent is disabled?
Yes () No ()

If Yes, please complete questions a), b), and c) below

- a) Amount of Benefit received by your child(ren): \$ _____ per month
b) When did the disability payments for your child(ren) begin? _____
c) When you first started getting disability payments for your child(ren), did you get a lump sum payment of past benefits? **Yes () No ()**
If so, how much \$ _____
For what time period? _____ to _____

9) Have you and the non-custodial parent lived together at any time while an order for child support was in effect?
Yes() No ()

If Yes, what dates: _____

ADDITIONAL INFORMATION: (i.e. special needs for the child(ren))

Print Name

Signature

Date



Instructions For the Case Review Questionnaire

The following are instructions to complete the Case Review Questionnaire. Each question must be answered completely.

1. This question asks about your work situation. If you are currently working, you must state:

- * the kind of work you do;
- * where you work;
- * when you started to work there;
- * how often you receive a paycheck.

If you are working, you must provide copies of your two most recent paystubs.

If you are not currently working, check the "No" box and go to the next question.

2. If you are paying child support for any child(ren) who does not live with you, list the following:

- * the name and age of each child for whom you pay support;
- * the relationship the child has to you;
- * if there is a court order for you to pay child support for the child;
- * how much money you pay for the support of the child each month.

3. A **natural** child is a child born to parents inside or outside of marriage. An **adopted** child is a child who became your child as the result of a court proceeding. This question asks you to list the full name and date of birth of each natural or adopted child who lives with you.

4. If **anyone** has private medical insurance on the child(ren), check the "Yes" box. List the name of the person who provides the insurance and their relationship to the child(ren). Provide the monthly costs for you and your child(ren) with the support payor, all of the people covered by the dependent coverage, and name and group and/or policy number of the insurance company.

If no one covers the child(ren), or the child(ren) receive AHCCCS or KidsCare, check the "No" box and go to the next question.

5. KidsCare is Arizona's Children's Health Insurance Program (CHIP) for children under the age of 19 who are not covered by any other health insurance. If you receive KidsCare for the child(ren) on this case, check the "Yes" box and provide the monthly fee you pay for KidsCare.

If you do not receive KidsCare for child(ren), check the "No" box and go to the next question.

6. This question refers to monthly childcare costs for your child(ren) with the support payor on this AZCARES case.

7. The court requires that the amount of child support be adjusted according to the amount of time the support payor spends with the child(ren). Add the total number of days per year for each period and add all of the days together for the total number of days your child(ren) spends with the support payor for the year. Provide the actual number of days the support payor spends with the child(ren) which is not necessarily the same amount of days ordered by the court.

8. If the support payor is disabled and you get payments from Social Security for your children, you must complete sections a, b, and c.



- a. Place the monthly amount of Social Security disability payments received for your child(ren) in the blank space.
- b. Be as specific as possible when filling in a date for these questions. If you do not know the exact date payments started for your child(ren), provide the month and year.
- c. If you received a lump sum payment for Social Security disability benefits, provide the amount of the lump sum and what periods of time the lump sum covered.

If you do not receive Social Security disability payments for your child(ren), check the "No" box and go to the next question.

9. If the support payor lived with you any time when a child support order was in effect, check "Yes" box and provide the dates that you lived together.

If you did not live with the support payor after a child support order was in effect, check the "No" box and go to Additional Information.

Additional Information

If there is any information you feel is important that is not included in this questionnaire, you may add this information here. The court may consider the special needs of gifted or handicapped children. Private or special school expenses, or other necessary expenses to meet the particular educational needs of the child(ren) are also considered, if the parents have agreed in writing or when ordered by court.

If you have any questions about this notice, you may contact DCSS Customer Service at (602) 252-4045 (within Maricopa County), Nationwide toll free at 1-800-882-4151, or TTY/TDD Services: 7-1-1. You may also contact us by e-mail at the DCSS web site at www.azdes.gov/dcss.

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact the Division of Child Support Services at (602) 252-4045; TTY/TDD Services: 7-1-1 • Disponible en español en línea o en la oficina local.

